TABLE OF CONTENTS

FORWARD

Planning for prevention of Human Immunodeficiency Virus (HIV) has been an integral part of programs at the South Carolina Department of Health and Environmental Control (DHEC) STD/HIV Division for over 15 years. Since the first reported cases of HIV/AIDS in 1985, DHEC has been involved in conducting activities to address the prevention needs of those most at risk of infection.

Starting in January 1994, DHEC organized a statewide HIV prevention community planning group (CPG). In a shared effort with DHEC, the CPG developed a statewide plan to improve prevention efforts by strengthening the scientific basis, community relevance, and population or risk based focus of prevention interventions. From 2000-2001 DHEC and CPG have been involved in developing a new plan. This new comprehensive SC HIV Prevention Plan is the result efforts of many dedicated individuals who have worked to investigate HIV prevention needs and to prioritize populations and interventions.

DHEC and the CPG have been fortunate to participate in a process that involves so many individuals concerned about the health and well being of South Carolina's citizens. It is the hope of DHEC and the CPG that local prevention providers and others find this a useful and relevant document for planning local activities and efforts. We also believe that through the ongoing efforts to work together and collaborate together that we can make a difference in the future of this epidemic. We believe that by TEAMwork. Together Everyone will Achieve the Mission of eliminating HIV.

In Memory Of

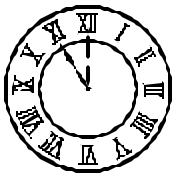
Dejon “Troy” Weathersbee & David Kelly

The Windows of Gold
by Helen Steiner Rice

There is a legend that has often been told
Of the boy who searched for THE WINDOWS OF GOLD,
The beautiful windows he saw far away
When he looked in the valley at sunrise each day,
And he yearned to go down to the valley below
But he lived on a mountain that was covered with snow
and he knew it would be a difficult trek,
But that was a journey he wanted to make,
So he planned by day and he dreamed by night
Of how he could reach THE GREAT SHINING LIGHT...
And one golden morning when dawn broke through
And the valley sparkled with diamonds of dew
He started to climb down the mountainside
With THE WINDOWS OF GOLD as his guide...
He traveled all day and, weary and worn,
With bleeding feet and clothes that were torn

He entered the peaceful valley town
Just as the golden sun went down...
But he seemed to have lost his "GUIDING LIGHT,"
The windows were dark that had once been bright,
And hungry and tired and lonely and cold
He cried, "WON'T YOU SHOW ME THE WINDOWS OF GOLD?"
For the sun going down in a great golden ball
Had burnished the windows of his cabin so small,
And THE KINDOM OF GOD with its GREAT SHINING LIGHT,
Like the Golden Windows that shone so bright,
Is not a far distant place somewhere,
It's as close to you as a silent prayer--
And your search for God will end and begin
When you look for HIM and FIND HIM WITHIN.

True friends seek to give, not to take. Seek to help, not to be helped. Seek to minister, not to receive ministry. Thank you Troy and David for being our mentors in this war against AIDS. Thank you especially for sowing seeds of friendly deeds. For you taught us that the less we keep, the more we reap.



The clock of life is wound but once and no one has the power
To tell us when the hands will stop at late or early hour.
So now is the time to toil, live life with a will
Place not faith in tomorrows for the clock may then be still.

“For I am now ready to be offered, and the time of my departure is at hand. I have fought a good fight I have finished the course, I have kept the faith. Henceforth there is laid up for me a crown of righteousness, which the Lord, the righteous judge, shall give me at that day: and not to me only, but to all them also who love his appearing. *II Timothy 4:6-8.*

ACKNOWLEDGEMENTS

We gratefully acknowledge the following members of the South Carolina HIV Prevention Community Planning Group during 2001 who contributed their time, expertise and advice to make this plan possible.

CO-CHAIRS

Community Co-Chair
Gwen Bamfield-Wright, JD
ACCESS Network
Hilton Head, SC

Health Department Co-Chair
Sylvia Flint, MPH
Health Education Consultant
STD/HIV Division
SCDHEC
1751 Calhoun St.
Columbia, SC 29072

MEMBERS 2001

Alvin Blakely, Police Officer, Columbia
Franchot Brown, Attorney
Ericka Burroughs, Office of Minority Health, DHEC
K. Allen Campbell, Brookland Baptist Foundation
Ralph Carbone, DIS, App. II Health District, Greenville
Rose Mary Cooper, Kingstree
Bill Davis, Anderson
Suzanne Dean, Waccamaw Collaboration
Gloria Farmer, Wateree Collaboration
Lynn Gage, AOD, Greenville
Marjorie Hammock, Benedict College
Andrenette Hudley, Midlands Collaboration
Brenda Jackson, State Dept. of Education
Shirley James, SC State University and Minority AIDS Council
Les Knight, Low Country Collaboration
Tony Price, SC HIV Network
Christina Schleifer, Homeless Shelter
Owen Schweers, Florence
Robert Shearer, Minister
Sima Stillings, AOD, Charleston
Inez Sullivan, Greenville
Shirley Timmons, SC Health Care Recruitment and Retention Center
Diane Valentine, Charleston
Larry Walton, Dept. of Corrections
Robert White, Minister
Donald Wood, State Newspaper

DHEC STAFF AND ADVISORY MEMBERS

John Barnhart, HIV/AIDS Surveillance
Linda Brown, Perinatal AIDS Project
Viva Combs, Bureau of Epidemiology
Lynda Kettinger,Director, STD/HIV Division
Ali Mansaray, STD/HIV Division
Dorothy Waln, STD/HIV Division
Jim Testor, STD/HIV Division

CPG ADMINISTRATIVE SUPPORT STAFF

Nicki Davis, Capital Consultants
Kathleen R. Reed, Columbia Reporting Services

GRADUATE ASSISTANTS

Jill Abbot

OTHER

The State of South Carolina would like to thank the following states for the opportunity to review and gain ideas in structuring their plan: Iowa, Colorado, Kentucky, and Florida.

KEY TO ABBREVIATIONS AND ANACRONYMS

AA African Americans
AAMSM African American Men who have Sex with Men
AED Academy for Educational Development
AHED AIDS Health Educator
AIDS Acquired Immunodeficiency Syndrome
AOD Alcohol and Other Drugs
CT Counseling and Testing services
CBO Community Based Organization
CDC Centers for Disease Control and Prevention
CLI Community-Level Interventions
CPG SC HIV Prevention Community Planning Group
DAODAS Department of Alcohol and Other Drug Abuse Services
DHEC Department of Health and Environmental Control
DIS Disease Intervention Specialist
DOC Department of Corrections
DOE Department of Education
EPI Epidemiologic
GLI Group-level Interventions
GMOC Gay Men of Color
HBCU Historically Black Colleges and Universities
HC/PI Health Communications and Public Information
HE/RR Health Education/Risk Reduction
HIV Human Immunodeficiency Virus
IDU Injecting Drug User
ILI Individual-level Interventions
MSM Men who have Sex with Men
MSM/IDU Men who have Sex with Men/Injecting Drug User
PCM Prevention Case Management
PCRS Partner Counseling and Referral Services
SCSU South Carolina State University
TA Technical Assistance
USC University of South Carolina
WAR Women at Risk
YAR Youth at Risk

EXECUTIVE SUMMARY

The HIV/AIDS epidemic continues to impose a significant presence on citizens and on the health care system in South Carolina. In the southeastern states, HIV/AIDS has followed the patterns of other sexually transmitted diseases (STD). Sexually transmitted infections including HIV account for over 90% of all reported infectious diseases in the state. South Carolina ranked sixth highest in the country in 1999 for annual AIDS case rates, fifth for infectious syphilis, fourth for gonorrhea, and second for chlamydia. Over $60 million was spent in 1999 for medical and treatment care related to HIV infection.

African Americans bear a disproportionate burden of the HIV and infectious syphilis epidemics in South Carolina. African Americans make up over 70 percent of persons living with HIV and 85 percent of persons with syphilis. Such disparities are due, at least in part, to the fact that African Americans are likely to seek care in public clinics that report STD more completely than do private providers. However, reporting bias does not fully explain differences in infection rates among African Americans, particularly with HIV/AIDS.

While being African American is not in itself a risk factor for HIV and STDs, being African American is positively correlated with primary health status influencing factors such as poverty, access to quality health care, health care seeking behavior, illicit drug use, and living in communities with high prevalence of sexually transmitted diseases.

Public health and community efforts have made progress in changing the course of HIV and STD epidemics that have resulted in declines in the number of deaths due to HIV and decreases in the number of perinatal HIV infections. Infectious syphilis cases have continued to decline over the past 8 years. Routine screening for chlamydia and gonorrhea in young sexually active women is resulting in small declines in prevalence of these diseases, and may be contributing to recent declines in hospital and emergency room visits for pelvic inflammatory disease.

Fewer HIV deaths, along with stable rates of new infection means there are more people living with HIV who are in need of both care and prevention services. South Carolina has experienced an increase of 142% in persons living with HIV/AIDS from 1990 to 2000. More dramatically, there has been an increase of 275% in the number of women living with HIV during this time. As of December 31, 2000, there were an estimated 10,360 persons living with HIV/AIDS in the state.

Even though the overall number and rate of newly diagnosed persons with HIV/AIDS each year appears to be generally stable, it is unacceptably high. Each year an average of 1000 persons are newly diagnosed with this disease. However, this number represents only those persons who have been tested. Many persons with high-risk behaviors have not yet chosen to be tested, and many persons at highest risk are not yet reached by our prevention efforts and do not seek diagnosis and treatment.

Prevention needs are essential, as persons living with HIV/AIDS are engaging in sexual and/or substance use risk behaviors. Interviews during 1998-1999 with recently diagnosed persons with HIV indicate that one third reported substance use during past 5 years, 33% reported being

potential alcoholic, and 38% used illicit drugs. Nine percent reported that they had ever injected drugs and 18% had used crack. More men than women reported each substance use related risk.

Sexual risks reported by HIV infected persons interviewed indicate that one-fourth (27%) of men paid some one for sex; 21% of women received either money or drugs for sex. Over half of men (53%) report not using a condom every time with their non-steady partner during the one year prior to their HIV diagnosis; 31% of women did not use a condom every time. Twenty- nine percent of men and 30% of women reported having at least one sexually transmitted disease during the past ten years.

Needs assessment with prevention providers and persons with HIV or at risk for HIV have identified priority interventions that will reduce new infections. These include needs for information for high-risk groups who do not access community/agency services (unemployed, out of school); additional programs targeting men who have sex with men; targeted peer education programs for youth and young adults; improved access to drug treatment and prevention counseling for alcohol/other drug using persons; increased numbers of trained staff that can conduct effective interventions particularly for men who have sex with men and HIV infected persons.

Effective interventions to prevent HIV must be increased, must be integrated with STD prevention efforts, and must involve leaders and members of African American communities. Additionally care and prevention efforts must be integrated, so that risk of transferring HIV to others from those already infected is reduced and the number of HIV infected persons who are in a system of care is increased.

Finally, for each of its priority populations, the statewide HIV Prevention Community Planning Group identified needs for more behavioral risk data, social network information and needs assessment information involving members of priority populations that will result in better decisions for planning, designing interventions and targeting resources.

No single agency or community organization can reduce the racial and ethnic disparities in HIV infection among African Americans without the active involvement of more African American leaders and institutions. Addressing and overcoming barriers will take time, and will require effective and proven strategies along with sustained community mobilization in which community based organizations across South Carolina collaborate to address HIV/AIDS prevention priorities comprehensively and completely.